

Case Number:	CM14-0017547		
Date Assigned:	06/11/2014	Date of Injury:	12/09/1998
Decision Date:	07/25/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/03/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurological Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58-year-old gentleman was reportedly injured on December 9, 1998. The mechanism of injury is noted as lifting a manhole cover. The most recent progress note, dated January 20, 2014, indicated there were ongoing complaints of night sweats, weight gain, dyspepsia, and polyuria. Current medications include Carisoprodol, Hydrocodone/APAP, and Opana. The physical examination demonstrated tenderness to the lumbar spine. Previous treatment includes lumbar epidural steroid injections in 2000. A request was made for multiple laboratory tests and was not recommended on January 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

GAMMA GLUTAMYL TRANSPEPTIDASE (GGTP): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment approaches Page(s): 6.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that diagnostic studies should be ordered in this context and not simply for screening purposes. The records provided for review do not support the need for ordering this medical test as it relates to the

injured employee's low back pain. Without specific reasons why this test is needed, this request is not medically necessary.

URINE ANALYSIS (UA) COMPLETE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment approaches Page(s): 6.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that diagnostic studies should be ordered in this context and not simply for screening purposes. The records provided for review do not support the need for ordering this medical test as it relates to the injured employee's low back pain. Without specific reasons why this test is needed, this request is not medically necessary.

THYROID STIMULATING HORMONE (TSH): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment approaches Page(s): 6.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that diagnostic studies should be ordered in this context and not simply for screening purposes. The records provided for review do not support the need for ordering this medical test as it relates to the injured employee's low back pain. Without specific reasons why this test is needed, this request is not medically necessary.

COMPLETE BLOOD COUNT (CBC) WITH DIFFERENTIAL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment approaches Page(s): 6.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that diagnostic studies should be ordered in this context and not simply for screening purposes. The records provided for review do not support the need for ordering this medical test as it relates to the injured employee's low back pain. Without specific reasons why this test is needed, this request is not medically necessary.

ACETAMINOPHEN SERUM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment approaches Page(s): 6.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that diagnostic studies should be ordered in this context and not simply for screening purposes. The records provided for review do not support the need for ordering this medical test as it relates to the injured employee's low back pain. Without specific reasons why this test is needed, this request is not medically necessary.

FREE TESTOSTERONE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment approaches Page(s): 6.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that diagnostic studies should be ordered in this context and not simply for screening purposes. The records provided for review do not support the need for ordering this medical test as it relates to the injured employee's low back pain. Without specific reasons why this test is needed, this request is not medically necessary.

ENZYME IMMUNO ASSAY (EIA9): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Assessment approaches Page(s): 6.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that diagnostic studies should be ordered in this context and not simply for screening purposes. The records provided for review do not support the need for ordering this medical test as it relates to the injured employee's low back pain. Without specific reasons why this test is needed, this request is not medically necessary.

HYDROCODONE SERUM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Assessment approaches Page(s): 6 of 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that diagnostic studies should be ordered in this context and not simply for screening purposes. The records provided for review do not support the need for ordering this medical test as it relates to the injured employee's low back pain. Without specific reasons why this test is needed, this request is not medically necessary.

OXYMORIONE SERUM: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Assessment approaches Page(s): 6.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that diagnostic studies should be ordered in this context and not simply for screening purposes. The records provided for review do not support the need for ordering this medical test as it relates to the injured employee's low back pain. Without specific reasons why this test is needed, this request is not medically necessary.

CHEM 19: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Assessment approaches Page(s): 6.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that diagnostic studies should be ordered in this context and not simply for screening purposes. The records provided for review do not support the need for ordering this medical test as it relates to the injured employee's low back pain. Without specific reasons why this test is needed, this request is not medically necessary.